



CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

1. The assumed business name which the undersigned use(s) in the transaction of business is:

TETON COLLISION CENTER

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Name TETON AUTO BODY & PAINT, INC Complete Address 4028 N 5th E
C120186 IDAHO FALLS, ID 83401

3. The general type of business transacted under the assumed business name is:
 (mark only those that apply)

<input checked="" type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Finance, Insurance, and Real Estate
<input checked="" type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining

4. The name and address to which future correspondence should be addressed:

Phone number (optional): 208-523-0005

TETON COLLISION CENTER
4028 N. 5th E.
IDAHO FALLS, ID 83401

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Submit Certificate of Assumed Business Name and \$20.00 fee to:

Secretary of State
 700 West Jefferson
 Basement West
 PO Box 83720
 Boise ID 83720-0080
 208 334-2301

Signature: Milo M. J.

Printed Name: MILLO M. LARSEN

Capacity: PRES.

(see instruction # 8 on back of form)

Revision 12/99

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Secretary of State use only

IDAHO SECRETARY OF STATE

08/10/2000 09:00
 CK: 4017 CT: 134587 BH: 340239

1 @ 20.00 = 20.00 ASSUM NAME # 2

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